

<i>SERFF Tracking Number:</i>	<i>AMLC-126560837</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>45272</i>
<i>Company Tracking Number:</i>	<i>AD-127 R10 ET AL</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Advertisements/AD-127 R10 et al</i>		

## Filing at a Glance

Company: United American Insurance Company

Product Name: Individual Medicare Supplement SERFF Tr Num: AMLC-126560837 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Approved-  
Closed State Tr Num: 45272

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: AD-127 R10 ET AL State Status: Filed-Closed  
Other 2010

Filing Type: Advertisement

Author: Diane Breeding

Date Submitted: 03/26/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 04/01/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Advertisements

Project Number: AD-127 R10 et al

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/01/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/25/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/01/2010

Created By: Diane Breeding

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Diane Breeding

Filing Description:

NAIC #290-92916

FEIN # 73-1128555

RE: Advertisements for Individual Medicare Supplement Insurance

Print Ads: AD-127 R10; AD-152 R10; AD-204 R10; AD-206 R10;

AD-220 R10; AD-224 R10; AD-225 R10; AD-235 R10;

AD-238 R10; AD-239 R10; AD-243 R10;

Lead Box Label: F4625 R10

Lead Response Pad: F4626 R10

<i>SERFF Tracking Number:</i>	<i>AMLC-126560837</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Advertisements/AD-127 R10 et al</i>		

Turning 65 Birthday Letter: BDL MS R10  
Advertising Brochure: F4931 R10  
NAIC Transmittal

Attached for your review and approval please find copies of the subject Medicare Supplement advertising forms. These forms are being filed together due to similarity of content. These forms will be used by our agents as an invitation to inquire.

The above noted forms have been authorized in Nebraska our domicile state on March 25, 2010 and are being filed in other states where the company is licensed to do business.

If you have any questions please feel free to call me collect at the following number: (972) 569-3295 or e-mail me at the following address: [dbreeding@torchmarkcorp.com](mailto:dbreeding@torchmarkcorp.com).

## Company and Contact

### Filing Contact Information

Diane Breeding, Assistant Analyst	<a href="mailto:dbreeding@torchmarkcorp.com">dbreeding@torchmarkcorp.com</a>
3700 S. Stonebridge Drive	972-569-3295 [Phone]
McKinney, TX 75070	972-569-3728 [FAX]

### Filing Company Information

United American Insurance Company	CoCode: 92916	State of Domicile: Nebraska
P.O. Box 8080	Group Code: 290	Company Type: Life and Health
McKinney, TX 75070-8080	Group Name: Liberty National	State ID Number:
(972) 529-5085 ext. [Phone]	FEIN Number: 73-1128555	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$375.00
Retaliatory?	No
Fee Explanation:	Your filing fee of \$25.00 per form times 15 forms equals \$375.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>AMLC-126560837</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Advertisements/AD-127 R10 et al</i>		
United American Insurance Company	\$375.00	03/26/2010	35206344

<i>SERFF Tracking Number:</i>	<i>AMLC-126560837</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Advertisements/AD-127 R10 et al</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Stephanie Fowler	04/01/2010	04/01/2010

<i>SERFF Tracking Number:</i>	<i>AMLC-126560837</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Advertisements/AD-127 R10 et al</i>		

## Disposition

Disposition Date: 04/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-126560837 State: Arkansas  
Filing Company: United American Insurance Company State Tracking Number: 45272  
Company Tracking Number: AD-127 R10 ET AL  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: Individual Medicare Supplement  
Project Name/Number: Advertisements/AD-127 R10 et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	NAIC Transmittal	Filed	Yes
Supporting Document	Fee Schedule	Filed	Yes
Form	Medicare Supplement Insurance Policies	Filed	Yes
Form	An Important Message to Medicare- Eligible Seniors	Filed	Yes
Form	United American's ProCare Medicare Supplement insurance policies	Filed	Yes
Form	Medicare Supplement Print Ad Lost Your HMO	Filed	Yes
Form	Medicare Supplement Print Ad Attention Seniors!	Filed	Yes
Form	Medicare Supplement Ad Any Doctor, Any Hospital	Filed	Yes
Form	Medicare Supplement Print Ad	Filed	Yes
Form	Medicare Supplement	Filed	Yes
Form	Medicare Supplement Print Ad Stability	Filed	Yes
Form	Medicare Supplement Print Ad Disenrolled	Filed	Yes
Form	Medicare Supplement Print Ad Disenrolled	Filed	Yes
Form	Happy 65 Birthday	Filed	Yes
Form	HDF Lead Box Label	Filed	Yes
Form	UA HDF Lead Response Pad	Filed	Yes
Form	ProCare Brochure	Filed	Yes

SERFF Tracking Number: AMLC-126560837 State: Arkansas

Filing Company: United American Insurance Company State Tracking Number: 45272

Company Tracking Number: AD-127 R10 ET AL

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Individual Medicare Supplement

Project Name/Number: Advertisements/AD-127 R10 et al

## Form Schedule

### Lead Form Number: AD-127 R10 et al

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 04/01/2010	AD-127 R10	Advertising	Medicare Supplement Insurance Policies	Initial		0.000	AD-127 R10 0310.pdf
Filed 04/01/2010	AD-152 R10	Advertising	An Important Message to Medicare-Eligible Seniors	Initial		0.000	AD-152 R10 0310.pdf
Filed 04/01/2010	AD-204 R10	Advertising	United American's ProCare Medicare Supplement insurance policies	Initial		0.000	AD-204 R10 Med Supp 0310.pdf
Filed 04/01/2010	AD-206 R10	Advertising	Medicare Supplement Print Ad Lost Your HMO	Initial		0.000	AD-206 R10 HMO 0310.pdf
Filed 04/01/2010	AD-220 R10	Advertising	Medicare Supplement Print Ad Attention Seniors!	Initial		0.000	AD-220 R10 Med Supp Choice 0310.pdf
Filed 04/01/2010	AD-224 R10	Advertising	Medicare Supplement Ad Any Doctor, Any Hospital	Initial		0.000	AD-224 R10 Any Doctor 0310.pdf
Filed 04/01/2010	AD-225 R10	Advertising	Medicare Supplement Print Ad	Initial		0.000	AD-225 R10 Who Would You Rather 0310.pdf
Filed 04/01/2010	AD-235 R10	Advertising	Medicare Supplement	Initial		0.000	AD-235 R10 Med Supp Stability 0310.pdf
Filed 04/01/2010	AD-238 R10	Advertising	Medicare Supplement Print Ad	Initial		0.000	AD-238 R10 Med Supp

SERFF Tracking Number:	AMLC-126560837	State:	Arkansas
Filing Company:	United American Insurance Company	State Tracking Number:	45272
Company Tracking Number:	AD-127 R10 ET AL		
TOI:	MS09 Medicare Supplement - Other 2010	Sub-TOI:	MS09.000 Medicare Supplement Other 2010
Product Name:	Individual Medicare Supplement		
Project Name/Number:	Advertisements/AD-127 R10 et al		

		Stability		Stability
Filed	AD-239	Advertising Medicare	Initial	0.000
04/01/2010 R10		Supplement Print Ad		
		Disenrolled		
		Disenrolled		
Filed	AD-243	Advertising Medicare	Initial	0.000
04/01/2010 R10		Supplement Print Ad		
		Disenrolled		
Filed	BDL MS	Advertising Happy 65 Birthday	Initial	0.000
04/01/2010 R10				
Filed	F4625 R10	Advertising HDF Lead Box Label	Initial	0.000
04/01/2010				
Filed	F4626 R10	Advertising UA HDF Lead	Initial	0.000
04/01/2010		Response Pad		
Filed	F4931 R10	Advertising ProCare Brochure	Initial	0.000
04/01/2010				



## Medicare Supplement Insurance Policies

**Trust in the United American Insurance Company  
for safe, quality protection.  
We will be there when you need us!**

- Stability of Experience
- One of the largest writers of individual Medicare Supplement insurance policies in the nation\*
- Over a half-century of leadership in the Senior health industry
- The sound financial strength to fulfill its policyholder obligations\*\*

**For Full Details, Call or Write:**

[Agent Name]

[Agent Address]

[Agent Phone]



[www.unitedamerican.com]

\*NAIC Medicare Supplement Insurance Experience Report by Direct Premium Earned, [August 2009].

\*\*UA has been rated [A+ Superior] for overall financial strength by A.M. Best Company, as of [6/09].

The rating refers only to the financial strength of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company. United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement policy forms [MSA10, MSB10, MSC10, MSD10, MSG10, MSF10, MSHDF10, MSK06, MSL06, and MSN10, MC4810 in WI] are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability. This is a solicitation for insurance. You may be contacted by an

## An Important Message To Medicare-Eligible Seniors

Here's 10 reasons to consider United American Insurance Company's  
ProCare Medicare Supplement insurance policy

<b>1. Stability</b>	A good indicator of UA's stability is its consistent high Financial Strength Ratings from national insurance industry analysts, such as A.M. Best Company and Standard & Poor's*.
<b>2. Commitment</b>	We're not everything to every person; we work to be the very best for our Seniors.
<b>3. Experience</b>	We have over a half-century leadership in the Senior health industry.
<b>4. Freedom</b>	Choose your own physicians and facilities. We won't tell you which doctor you can visit.
<b>5. Guaranteed Renewable</b>	If you pay the premiums on time, you cannot be canceled.
<b>6. On-The-Spot Qualification</b>	Applications include simple "yes" and "no" underwriting that allows the Agent to know immediately if you qualify.
<b>7. We're Neighbors</b>	We're not an 800 number across the country; we have an Agent in your city or state.
<b>8. Unmatched Service</b>	The average Medicare Supplement claim is processed in about one week.**
<b>9. Sound Premiums</b>	Rates are based on actuarial assumptions, not the competition. That keeps the Company and our rates sound.
<b>10. Solid Protection</b>	We give you both quality and value, but we will never compromise product integrity for the sake of price.

For more information call:

[Agent Name]

[Agent Address]


[Agent Phone]



[www.unitedamerican.com]

\* As of [6/09] and [12/08], respectively. Ratings refer only to the overall financial strength of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company. \*\*Per Service Performance Record as of [Feb. 2009]. United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement policy forms [MSA10, MSB10, MSC10, MSD10, MSG10, MSF10, MSHDF10, MSK06, MSL06, and MSN10, MC4810 in WI] are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability. This is a solicitation for insurance. AD-152 R10 You may be contacted by an Agent representing United American Insurance Company. UAI1439 0310

2 Column



**United American's ProCare Medicare Supplement insurance policies. A smart choice!**

**United American Insurance Company has experience Seniors appreciate:**

- More than [40 years] of service to Seniors
- One of the largest writers of individual Medicare Supplement insurance policies in the United States\*
- No restrictions on doctors or hospitals
- Guaranteed Renewable as long as premiums are paid on time
- Personal Agent service

**For more information, contact:**

[Agent Name]  
[Agent Address]  
[Agent Phone]

 **United American Insurance Company** [www.unitedamerican.com]  
Since 1947

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3 Column


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- More than [40 years] of service to Seniors
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# Medicare Supplement Print Ad - AD-206 R10

2 Column



## LOST YOUR HMO?

**United American Insurance Company  
may have the solution!**

- Guaranteed Renewable Coverage!
- One of the largest writers of individual Medicare Supplement insurance policies in the United States\*
- More than [40 years] of service to Seniors
- No restrictions on doctors or hospitals
- Cannot be canceled as long as premiums are paid on time

**For more information, contact:**

[Agent Name]  
[Agent Address]  
[Agent Phone]

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Since 1947

[www.unitedamerican.com]

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3 Column



## LOST YOUR HMO?

**United American Insurance Company may have the solution!**

- Guaranteed Renewable Coverage!
- One of the largest writers of individual Medicare Supplement insurance policies in the United States\*
- More than [40 years] of service to Seniors
- No restrictions on doctors or hospitals
- Cannot be canceled as long as premiums are paid on time

**For more information, contact:**

[Agent Name]  
[Agent Address]  
[Agent Phone]

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Since 1947

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# Medicare Supplement Print Ad - AD-220 R10

2 Column

**ATTENTION SENIORS!**



**We're United American Insurance Company, and we are here to stay.**  
Find out about a leading choice in Medicare Supplement insurance policies.

- Guaranteed Renewable Coverage as long as premiums are paid on time
- One of the largest writers of individual Medicare Supplements in the United States\*
- More than [40] years of service to Seniors
- No restrictions on doctors or hospitals
- Personal Agent service

**For more information, contact:**


[Agent Name]  
[Agent Address]  
[Agent Phone]

**UA** *United American Insurance Company* Since 1947 **[www.unitedamerican.com]**

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3 Column

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Find out about a leading choice in Medicare Supplement insurance policies.

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# Medicare Supplement Print Ad - AD-224 R10

2 Column

## Any Doctor, Any Hospital



At United American, we believe you should be able to choose your own doctor and hospital. See who you want, go where you want. It's your choice.

### United American Insurance Company:

- No restrictions on doctors or hospitals
- One of the largest writers of individual Medicare Supplements in the United States\*
- More than [40] years of service to Seniors
- Guaranteed Renewable as long as premiums are paid on time
- Personal Agent service

#### For more information, contact:

[Agent Name]

[Agent Address]

[Agent Phone]



[[www.unitedamerican.com](http://www.unitedamerican.com)]

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3 Column

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- Guaranteed Renewable as long as premiums are paid on time
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[Agent Name]

[Agent Address]

[Agent Phone]



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AD-224 R10

UA10561 0310




# Medicare Supplement Print Ad - AD-225 R10

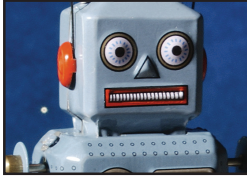
2 Column



## Who would you rather talk to about Medicare Supplements?



vs.




### A Real Person or a Machine?

- Guaranteed Renewable Coverage as long as premiums are paid on time
- One of the largest writers of individual Medicare Supplements in the United States\*
- More than [40] years of service to Seniors
- No restrictions on doctors or hospitals
- Personal Agent service

**For more information, contact:**

[Agent Name]  
[Agent Address]  
[Agent Phone]


  
[www.unitedamerican.com]

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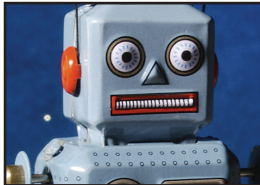
3 Column




## Who would you rather talk to about Medicare Supplements?



### A Real Person or a Machine?



  
[www.unitedamerican.com]

- Guaranteed Renewable Coverage are long as premiums are paid on time
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**For more information, contact:**

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# Med-Supp Print Ad

2 Column



## Stability: Now More Than Ever

Disenrolled by Medicare Advantage? Find a stable home with United American Insurance Company.

**Providing individual Medicare Supplement insurance plans since Medicare began in 1966.**

[A+ (Superior)] Financial Strength Rating\*.

### To learn more:

[Agent Name]

[Agent Address]

[Agent Phone]



[www.unitedamerican.com]



United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement policy forms [MSA10, MSB10, MSC10, MSD10, MSG10, MSF10, MSHDF10, MSK06, MSL06, and MSN10, MC4810 in WI] are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability. This is a solicitation for insurance. You may be contacted by an Agent representing United American Insurance Company. \*From A.M. Best Company as of [6/09]. This rating refers only to the overall financial strength of the company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company.

AD-235 R10

UAI0561 0310

3 Column



## Stability: Now More Than Ever

Disenrolled by Medicare Advantage?  
Find a stable home with United American Insurance Company.

**Providing individual Medicare Supplement insurance plans since Medicare began in 1966.**

[A+ (Superior)] Financial Strength Rating\*.

### To learn more:

[Agent Name]

[Agent Address]

[Agent Phone]



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AD-235 R10

UAI0561 0310



# Med-Supp Print Ad

2 Column



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**To learn more:**

[Agent Name]  
[Agent Address]  
[Agent Phone]

**UA** United American Insurance Company  
Since 1947

[www.unitedamerican.com]

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AD-238 R10 UA10561 0310

3 Column



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AD-238 R10 UA10561 0310

# Med-Supp Print Ad

2 Column



## Disenrolled by Medicare Advantage?

You've seen that price doesn't always equate to value.

**Discover United American Medicare Supplement Insurance Policies:**

- Guaranteed Renewable Medicare Supplement Insurance Plans
- Choose Your Doctors & Hospitals
- [A+ (Superior)] Financial Strength Rating\*

**To learn more:**

[Agent Name]  
[Agent Address]  
[Agent Phone]

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Since 1947

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AD-239 R10 UAI0561 0310



3 Column



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- Guaranteed Renewable Medicare Supplement Insurance Plans
- Choose Your Doctors & Hospitals • [A+ (Superior)] Financial Strength Rating\*

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AD-239 R10 UAI0561 0310





Med-Supp Print Ad

2 Column

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**Providing individual Medicare Supplement insurance policies since Medicare began in 1966.**

[A+ (Superior)] Financial Strength Rating\*

**To learn more:**

[Agent Name]  
[Agent Address]  
[Agent Phone]



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AD-243 R10 UAI0561 0310



3 Column

# Disenrolled by Medicare Advantage?

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**Providing individual Medicare Supplement insurance policies since Medicare began in 1966.**

[A+ (Superior)] Financial Strength Rating\*

**To learn more:**

[Agent Name]  
[Agent Address]  
[Agent Phone]



[www.unitedamerican.com]

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AD-243 R10 UAI0561 0310



## Happy Birthday!

As you approach your 65th birthday, let me be the first to say “Happy Birthday” and to remind you of important information regarding your transition to Medicare.

At United American Insurance Company, we want to help you purchase the right Medicare Supplement for your situation to offset the expenses Medicare doesn’t cover.

Here’s what you should know about Medicare. All Seniors are eligible to enroll in Medicare Part A when they turn 65. Enrollment is automatic through Social Security and premium-free for most people.

Enrollment in Medicare Part B is optional and requires a monthly premium of [\$96.40], which is deducted from your Social Security check. Contact your local Social Security office *before* your 65th birthday to make sure you receive your Social Security benefits on time and to enroll in Medicare Part B.

Medicare Parts A and B will cover many of your hospital and medical expenses, but not *all* of them. Depending on your health and financial situation, out-of-pocket expenses can add up. A Medicare Supplement insurance plan can help you cover the deductibles, coinsurance, copayments, and some of the excess charges that Medicare doesn't cover.

United American has been selling Medicare Supplements since Medicare began in 1966. In addition, we have been rated [A+ (Superior)] for financial strength by A.M. Best Company for more than [30] consecutive years. We know seniors, and we want to help you find the Medicare Supplement insurance policy that fits your needs, lifestyle, and financial circumstances. You can count on us to be there when you need us!

As you begin this new chapter in your life, we want you to feel good about the changes and challenges that lie ahead. A quality Medicare Supplement plan will help you do that. We’ll contact you shortly to set up a convenient time to visit with you about your Medicare Supplement needs. (And between you and me, you don’t look a day over 55!)

For immediate information please call: [Agent/Agency Name] at [Phone Number], or visit our office at [Address].

Visit us online at [www.unitedamerican.com]

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# Attention Seniors!



**Save premium dollars with an HDF Medicare Supplement insurance policy from United American Insurance Company. Benefits from High Deductible Plan F begin when out-of-pocket expenses exceed the Medicare calendar-year deductible.**

**RETURN THE ATTACHED CARD TODAY!**

**Policy Form [MSHDF10].** Benefits from high deductible Plan F begin when out-of-pocket expenses exceed the Medicare calendar-year deductible, [\$2,000 in 2010]. Other plans are available that may be better suited for your individual needs. United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Some states require these plans be available to persons eligible for Medicare due to disability. This is a solicitation for insurance. You may be contacted by an Agent representing United American Insurance Company.

# A practical Medicare Supplement insurance solution from United American Insurance Company



## YES! I would like more information.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Day Phone # (\_\_\_\_\_) \_\_\_\_\_

Evening Phone # (\_\_\_\_\_) \_\_\_\_\_

Best time to call \_\_\_\_\_

Does spouse need coverage? ☐ YES ☐ NO

Spouse's Name \_\_\_\_\_

**Policy Form [MSHDF10].** Benefits from high deductible Plan F begin when out-of-pocket expenses exceed the Medicare calendar-year deductible, [\$2,000 in 2010]. Other plans are available that may be better suited for your individual needs. United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Some states require these plans be available to persons eligible for Medicare due to disability. This is a solicitation for insurance. You may be contacted by an Agent representing United American Insurance Company.





# ProCare®

## Medicare Supplement Insurance Policies

*Help to reduce out-of-pocket costs that Medicare does not pay.*

*"We are insured, protected, and free to enjoy life."*



## United American's ProCare plans are a smart choice ...

### Why Choose United American Insurance Company?

United American is a name trusted by doctors and hospitals nationwide. Medicare was signed into law in 1966, and that year United American Insurance Company developed its first Medicare Supplement program. UA has been providing Medicare Supplement insurance ever since, and we have developed an industry-wide reputation for quality Senior insurance products. Today, UA is one of the largest nationwide underwriters of individual insurance to supplement Medicare\*, and we are proud of our legacy of quality products and superior service.

\* NAIC Medicare Experience Report by Direct Premium Earned for Total Individual Policies, [August 2009.]

- Claim checks are issued and processed on average within [one week] (*per Service Performance Record as of [February 2009]*), often arriving before Medicare's Explanation of Benefits.
- We're neighbors! We have an Agent in your local area.

### Financial Strength ♦

- For more than [30] consecutive years, UA has been rated [A+ (*Superior*)] for financial strength by A.M. Best Company (*rating as of [06/09]*).♦
- UA has been rated [AA- (*Very Strong*)] for financial strength by Standard & Poor's (*rating as of [12/08]*).♦
- ♦ These ratings refer only to the financial strength of the company and are not a recommendation of the specific policy provisions, rates or practices of the insurance company.

### Freedom to Choose & Nationwide Acceptance

There is no designated physician list. There is no approval process to see a specialist. Our ProCare Medicare Supplement plans are recognized and accepted nationwide.

### Strength of Tradition

A Medicare Supplement policy from United American is protection that can never be canceled (*unless there is a material misrepresentation*) as long as premiums are paid on time.

### Assurance of Service

- Medicare Supplement coverage from United American features on-the-spot qualification in most cases.

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P.O. Box 8080 McKinney, TX • 75070-8080  
[[www.unitedamerican.com](http://www.unitedamerican.com)]

### Choosing a Medicare Supplement Plan

We offer Medicare Supplement policies for [10] of the 11 standardized plans [A, B, C, D, F/HDF, G, K, L, and N] (*plan availability may vary by state*). All Medicare Standardized plans include the following Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (*generally 20% of Medicare approved expenses*) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of the Part B coinsurance or copayment.
- **Blood:** First 3 pints of blood each year.
- **Hospice:** Part A coinsurance for eligible hospice/respite care expenses.

See outline of coverage for details and exceptions.

MEDICARE PLANS / BENEFITS	A	B	C	D	F <sup>▼</sup>	G	K <sup>■</sup>	L <sup>■</sup>	N <sup>●</sup>
<b>Basic Benefits</b>									
Hospitalization (Part A Coinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Expenses (Part B Coinsurance)	100%	100%	100%	100%	100%	100%	50%	75%	Copay <sup>●</sup>
Blood	✓	✓	✓	✓	✓	✓	50%	75%	✓
Hospice	✓	✓	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	50%	75%	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	✓
Part B Deductible			✓		✓				
Excess Doctor Charges					100%	100%			
Foreign Travel Emergency			✓	✓	✓	✓			✓
Out-of-Pocket Annual Limit <sup>■</sup>							[\$4,620]	[\$2,310]	

- ▼ Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year deductible. Benefits from high deductible Plan F begin after out-of-pocket expenses exceed the calendar-year deductible (*[\$2,000] in [2010]*). Out-of-pocket expenses for this deductible are expenses that are ordinarily paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the separate foreign travel emergency deductible.
- Plans K and L provide for different out-of-pocket cost-sharing (*50% for Plan K, 25% for Plan L*). Once you reach the annual limit (*[\$4,620] for Plan K, [\$2,310] for Plan L*), the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called 'excess charges'. You will be responsible for paying excess charges. The out-of-pocket annual limit may increase each year for inflation.
- Plan N pays 100% of Medical Expenses (*Part B Coinsurance*) *except* for a copayment of up to *[\$20]* for an office visit and up to *[\$50]* for an emergency room visit. The emergency room copayment is waived if the insured is admitted to any hospital, and the emergency visit is covered as a Medicare Part A expense.

Some states require designated Medicare Supplement plans also be available to people under age 65 and eligible for Medicare due to disability (*different application forms may be required*). Policy benefits are identical for people over or under age 65. Premiums are based on Preferred or Standard, age, sex, State/Area.





## 30-Day review period

If after receiving your ProCare policy you want to cancel for any reason, simply return your policy and I.D. card to our Home Office within the 30-day period. Any premium, less any claims paid, is refunded.

## Effective Date of Coverage

When the policy applied for has been issued.



## Limitations and Exclusions

No benefits are payable for: any expense which you are not legally obligated to pay; or, any services that are not medically necessary as determined by Medicare, or are not furnished at the direction of, and under the supervision of, a physician; or any portion of any expense for which payment is made by Medicare; or custodial or intermediate level care, or rest cures; or, any type of expense not eligible for coverage under Medicare, except as provided under the Foreign Travel Emergency benefit.

## Pre-existing Conditions

With the exception of open enrollment/guaranteed issue periods, loss due to injury or sickness for which medical advice or treatment was recommended or given by a physician within 6 months prior to policy effective date is not covered unless the loss is incurred more than 60 days (6 months for underage 65 disability) after the effective date. Waiting period waived if replacing a Medicare Supplement policy or Medicare Advantage Plan.

I, \_\_\_\_\_  
**HAVE APPLIED FOR THE FOLLOWING POLICY BENEFITS:**  
I understand this brochure only highlights the available policies/features and I should refer to my Outline of Coverage and the policy for specific benefit provisions and limitations.

### APPLICANT NOTICE and CONDITIONAL RECEIPT

**I have purchased the following  
Medicare Supplement Plan:**

☐ A    ☐ B    ☐ C    ☐ D    ☐ F  
☐ HDF    ☐ G    ☐ K    ☐ L    ☐ N ]

**My Medicare Supplement Plan is:**

- ☐ **Attained Age Rated.**  
Where applicable, premiums on policies with Attained Age Rates increase on each policy anniversary due to your age change, until age 81.
- ☐ **Issue Age Rated or Community Rated.**  
Where applicable, premiums on policies with Issue Age Rates or Community Rates are based on age at time of issue.

**ALL CHECKS MUST BE MADE PAYABLE TO UNITED AMERICAN:**  
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received of \_\_\_\_\_  
Proposed Insured's Name

the sum of \$ \_\_\_\_\_ for \_\_\_\_\_ month(s) Medicare Supplement policy premium with application for Policy Form [MSA10, MSB10, MSC10, MSD10, MSF10, MSHDF10, MSG10, MSK06, MSL06, or MSN10.]

**If for any reason the policy is not issued, payment is to be refunded in full. Insurance is not effective until the policy applied for has been issued by the Home Office.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

### Applicant Information:

Keep this document. It highlights the benefits of your policy. It is not a contract. Your actual policy provisions will govern your benefits.

### Instructions to Agent:

Complete this section and leave with the applicant. Fill in the selected plan as chosen on the application in the spaces provided above and complete the conditional receipt.

SERFF Tracking Number: AMLC-126560837 State: Arkansas  
Filing Company: United American Insurance Company State Tracking Number: 45272  
Company Tracking Number: AD-127 R10 ET AL  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: Individual Medicare Supplement  
Project Name/Number: Advertisements/AD-127 R10 et al

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> NAIC Transmittal <b>Comments:</b> <b>Attachment:</b> AR AD-127 R10 et al NAIC 2009 Transmittal.pdf	Filed	04/01/2010

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Fee Schedule <b>Comments:</b> <b>Attachment:</b> AR AD-127 R10 Fee Schedule.pdf	Filed	04/01/2010

**Life, Accident & Health, Annuity, Credit Transmittal Document**

1.	Prepared for the State of	ARKANSAS
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Liberty National Life Ins. Co. P.O. Box 8080 McKinney, TX 75070	Nebraska	Life & Health	290	65331	63-0124600	75801

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane M. Breeding	(972) 569-3295	(972) 569-3728	dbreeding@torchmarkcorp.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	AD-127 R10, et al
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission      Previous file # _____
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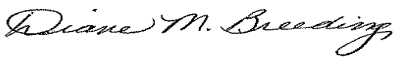
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		Group <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small  <input type="checkbox"/> Employer  <input type="checkbox"/> Discretionary  <input type="checkbox"/> Other: _____         </div> <div> <input type="checkbox"/> Large  <input type="checkbox"/> Association  <input type="checkbox"/> Trust         </div> <div> <input type="checkbox"/> Small and Large  <input type="checkbox"/> Blanket         </div> </div>

9.	Type of Insurance (TOI)	MS09
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10.	Sub-Type of Insurance (Sub-TOI)	MS09.000
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11.	Submitted Documents	<div> <input type="checkbox"/> <b>FORMS</b>  <input type="checkbox"/> Policy      <input type="checkbox"/> Outline of Coverage      <input type="checkbox"/> Certificate  <input type="checkbox"/> Application/Enrollment      <input type="checkbox"/> Rider/Endorsement      <input checked="" type="checkbox"/> Advertising  <input type="checkbox"/> Schedule of Benefits      <input type="checkbox"/> Other         </div> <div> <b>Rates</b>  <input type="checkbox"/> New Rate      <input type="checkbox"/> Revised Rate         </div> <div> <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b>          Please explain: _____         </div> <div> <b>SUPPORTING DOCUMENTATION</b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div> <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Certifications         </div> </div> </div>
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12.	<b>Filing Submission Date</b>	<b>March 26, 2010</b>	
13	<b>Filing Fee (If required)</b>	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	<b>Date of Domiciliary Approval</b>	<b>PENDING</b>	
15.	<b>Filing Description: Individual Medicare Supplement Advertisements</b>		
<p>NAIC #290-92916  FEIN # 73-1128555  RE: Advertisements for Individual Medicare Supplement Insurance  Print Ads: <b>AD-127 R10; AD-152 R10; AD-204 R10; AD-206 R10;  AD-220 R10; AD-224 R10; AD-225 R10; AD-235 R10;  AD-238 R10; AD-239 R10; AD-243 R10;</b>  Lead Box Label: <b>F4625 R10</b>  Lead Response Pad: <b>F4626 R10</b>  Turning 65 Birthday Letter: <b>BDL MS R10</b>  Advertising Brochure: <b>F4931 R10</b>  NAIC Transmittal  Filing Certification  Filing Fee \$375.00</p> <p>Attached for your review and approval please find copies of the subject Medicare Supplement advertising forms. These forms are being filed together due to similarity of content. These forms will be used by our agents as an invitation to inquire.</p> <p>The above noted forms have been filed in Nebraska for domiciliary approval on this date and are being filed in other states where the company is licensed to do business.</p> <p>If you have any questions please feel free to call me collect at the following number: (972) 569-3295 or e-mail me at the following address: <a href="mailto:dbreeding@torchmarkcorp.com">dbreeding@torchmarkcorp.com</a>.</p>			

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p> <p>Print Name <u><b>Diane M. Breeding</b></u> Title <u><b>Analyst</b></u></p> <p>Signature <u></u> Date: <u><b>March 26, 2010</b></u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>AD-127 R10, et al</b>
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	<b>Individual Medicare Supplement</b>	<b>AD-127 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
02	<b>Individual Medicare Supplement</b>	<b>AD-152 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
03	<b>Individual Medicare Supplement</b>	<b>AD-204 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
04	<b>Individual Medicare Supplement</b>	<b>AD-206 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
05	<b>Individual Medicare Supplement</b>	<b>AD-220 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
06	<b>Individual Medicare Supplement</b>	<b>AD-224 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
07	<b>Individual Medicare Supplement</b>	<b>AD-225 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
08	<b>Individual Medicare Supplement</b>	<b>AD-235 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
09	<b>Individual Medicare Supplement</b>	<b>AD-238 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			
10	<b>Individual Medicare Supplement</b>	<b>AD-239 R10</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	<b>N/A</b>
	<b>Newsprint Advertisement</b>			

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	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
11	Individual Medicare Supplement	AD-243 R10	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Newsprint Advertisement			
12	Individual Medicare Supplement	F4625 R10	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Lead Box Label			
13	Individual Medicare Supplement	F4626 R10	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Lead Response Pad			
14	Individual Medicare Supplement	BDL MS R10	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Turning 65 Birthday Letter			
15	Individual Medicare Supplement	F4931 R10	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Advertising Brochure			

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ATTN: LIFE &amp; HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME: United American Insurance CompanyCOMPANY NAIC CODE: 290-92916COMPANY CONTACT PERSON & TELEPHONE # Diane M. Breeding – (972) 569-3295INSURANCE DEPARTMENT USE ONLY

ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS. UNLESS OTHERWISE INDICATED.

## FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

\* \_\_\_\_\_ x \$ 50 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

\* \_\_\_\_\_ x \$ 50 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability Policy, contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

\* \_\_\_\_\_ x \$ 20 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

\* 15 x \$ 25 = \$375.00

\*\*Retaliatory \_\_\_\_\_

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority.

\* \_\_\_\_\_ x \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ x \$100 = \_\_\_\_\_

\* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

\*\* THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

\*\*\* THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.